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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number 10/575,927	
	Filing Date April 14, 2006	
	First Named Inventor Karsten Gerving	
	Title CONTRACTOR EQUIPPED WITH BOX TERMINALS	
	Art Unit N/A	
	Examiner Name Not Yet Assigned	
Attorney Docket No. 20798/0204632-US0		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 07278

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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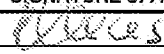
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 24, 2006
Name	Manfred Daas	Telephone	+49 228 602-2412
Title and Company	Authorized Manager		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.